



SOP FOR USAGE OF AUDITORIUM

1. The Request for the Usage of Auditorium should be submitted to Mr. Ajay Pandya or Mr. Punit Joshi Laboratory Assistant of Electrical Department in between 10:30 AM to 12:30 PM only in predefined format before 04 Working Days before the date of event.
2. Concerned Coordinator must check the Auditorium and test all the systems along with the media which to be used (if any) one day prior to the event.
3. No last minute request for additional audio or video facility will be accepted under any circumstances.
4. If Power Backup is required a separate permission letter from the Competent Authority must be attached else Power Backup will not be provided.
5. No eatables or water will be allowed inside the Auditorium. No fixture or furniture must be moved without permission of Auditorium Incharge.
6. Convener and Coordinator must report to the Auditorium atleast 45 Minutes before the commencement of the event else they will be not permitted to use Auditorium.
7. Coordinator will be responsible for conduction of event like handing over the mic to the participants or guests, switching lights for media presentation etc during the event.
8. Convener and Coordinator are responsible for any kind of the damage caused in the Auditorium due to event.
9. At end of the event Convener needs to submit Signature Sheet of all the Participants of the event including guest, photographs of the event and brief report in hard and soft copy to Auditorium Incharge within two working days.
10. Convener must ensure that a proper decorum and discipline is maintained before, during and after event and will be sole responsible for any kind of indiscipline by participants.

(Nimit Shah)
Incharge Auditorium

(Dr. Ved Vyas Dwivedi)
Registrar

Date: 28-Feb-2017



C. U. Shah University
(Managed By Wardhman Bharti Trust)
Request Form for the Auditorium



Date of Application:			
Date of Event:	From:_____ to _____	No of Days:_____	
Name of Event:			
Type:	Workshop/ Expert Lecture/ FDP/ Cultural/ Other (Specify)		
Time:	From:_____ to _____	Duration:_____hrs	
Type of Participants:	Staff/ Students/ Outside Participants (Specify):		
Number of Participants:	No of Participants:_____	No of Guests:_____	Total:_____
Purpose of Event: (Not More than 100 Words)			
Name of Faculty:			
Name of Institute/ Section/Cell:			
Name of Dean/ Chairman:		Contact Number:	
Name of Convener:		Contact Number:	
Name of Coordinator:		Contact Number:	
Type of Instrument Required:	Podium Mic: Yes/ No Cordless Mic: Yes/No Collar Mic: Yes/No Projector: Yes/No Projector Back Screen: Yes/No		

We undersigned, here by certify that we are aware regarding SOP for the usage of Auditorium and will be responsible for any violation of the same.

Sr. No	Name	Signature
01	Coordinator:	
02	Convener:	
03	Dean/Chairman:	



C. U. Shah University
(Managed By Wardhman Bharti Trust)
Request Form for the Auditorium



For Office Use		
Date of Application Received:		
Signature of In charge and Remarks		
Signature of Vice Provost and Recommendation:		
Signature of President and Comments:		Sanctioned/ Non Sanctioned

Pre Event Check List	
Date of Inspection:	
Cleanness of Auditorium:	Satisfactory/ Non Satisfactory
Lightning and AC System:	Satisfactory/ Non Satisfactory
Audio Video System:	Satisfactory/ Non Satisfactory
Name and Signature of Coordinator:	
Name and Signature of Auditorium Team Member:	

Post Event Check List		
Date of Inspection:		
Damage to Fixture/Furniture / Systems:	Yes/No	
Details of Damage if any:		
Report Submission:	Yes/ No	Date of Submission:
Name and Signature of Convener:		
Name and Signature of Auditorium Incharge:		